

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/549,295

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4	1						54						
5		1					55						
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12	2	1					62						
13	1	2					63						
14	2						64						
15		2					65						
16	2	1					66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	2		↓		↓								
TOTAL REQ.	14	←		←		←		↓		↓		↓	
TOTAL CLAIMS	16	[REDACTED]		[REDACTED]		[REDACTED]							